

**IL HIE Medicaid Work Group
Meeting Notes
January 27, 2014**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services
Pat Borrowdale	Pediatric Health Associates
Mike Casey	Department of Healthcare and Family Services
Connie Christen	Department of Healthcare and Family Services
Donna Hart	Cook County Health and Hospital Systems
Peter Ingram	Sinai Health System
Patrick Kathmann	Lurie Children's Hospital of Chicago
Vince Keenan	Illinois Academy of Family Physicians
Roger King	Lurie Children's Hospital of Chicago
Karen Land	Rush University Medical Center
Kelsie Landers	Office of Health Information Technology
John Lekich	Illinois Health Information Authority
Phillip McCann	Illinois Health Information Technology Regional Extension Center
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center
Cathy Potter	Southern Illinois University HealthCare
Mary Ring	Illinois Critical Access Hospitals Network
Andrea Romaniuk	Lurie Children's Hospital of Chicago
Direndia Shackelford	Advocate Physician Partners
Jeff Todd	Department of Healthcare and Family Services
Eric Watson	Department of Healthcare and Family Services
Lori Williams	Illinois Hospital Association

1) Meeting Minutes

The January 13th meeting minutes were approved.

2) Electronic Health Record Medicaid Incentive Payment Program (eMIPP) Status Update

Dave Barnes reported that as of January 24th, the eMIPP report includes 50 more Eligible Hospitals (EHs) and 62 Eligible Professionals (EPs) that have been paid since the last work group call. Since the report was run, an additional 22 EHs and 49 EPs have been paid. The total amount disbursed for the program is over \$319 million.

3) Prepayment Audit Process

Eric Watson reported that he has 18 EH attestations to review and approve. Three of those should be paid today. Eric has contacted each hospital. A common problem on the attestations is the Medicaid patient volume totals do not match HFS records. **Lori Williams**

said that the Illinois Hospital Association can assist Eric with outreach to the hospitals. Eric will send Lori the names of the EHs that he is waiting to hear from.

Elizabeth McKnight has been hearing a lot of frustration from Federally Qualified Health Centers regarding their receipt of rejection notification emails from HFS. Some of the providers who attested as a group are receiving these notifications and other providers in the same group are not getting the emails. They think that their attestation was completely rejected. Can HFS help with this? **Eric Watson** explained that the system sends these emails and it doesn't mean that their attestation was denied. Each situation is different and the main problem with many of the attestations is the Medicaid patient volume reported. Eric suggested that the RECs tell providers to contact his unit at 217-782-5565 for assistance.

4) Year 3 Attestation Process

Dave Barnes indicated that attestations submitted for 2014 are on hold until the application for Stage 2 is available at the end of March.

Electronic CQM (Calculating, Reporting, and Attesting Meaningful Use Clinical Quality Measures) reporting will be available in the 2014 attestation application. More information will be provided to the Regional Extension Centers (RECs) so that they can disseminate the information to providers. **Andrea Romaniuk** asked if they don't do electronic submission for 2014 CQMs, are they still bound by the quarters that are dictated in the federal rule or did Illinois decide that they can do any reporting period. Dave was not sure and he will check into it.

Dave participated in the Centers for Medicare and Medicaid Services all states call and he learned that if a provider is not going to meet Meaningful Use (MU) because of a hardship reason, then they can apply for an exemption to enable them to meet MU the following year. Some of the reasons CMS considers a hardship are:

- lack of infrastructure
- unforeseen uncontrollable circumstances
- lack of control over the certified EHR technology
- lack of face-to-face interactions

EHs have until April 1st to claim a hardship and EPs have until July 1st. More information will be developed and sent to the RECs for distribution to providers.

Meeting adjourned. The next work group call is scheduled on Monday, February 10th.